



City
of
Milwaukee

Employment Application for PUBLIC HEALTH NURSE

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554
414-286-3751
TTD 414-286-2960
www.milwaukeeider.com

Any format modification made to this document will result in immediate rejection

INSTRUCTIONS TO APPLICANT- Please:

1. Use a typewriter or print answers in black ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign on page 2.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

Last Name _____ First _____ Middle Initial _____			Do you currently live in the City of Milwaukee? Yes No If yes, when did you become a resident? (month/year) _____ NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months. List any other names by which you have been known on official records: _____
Address _____ Apt. # _____			
City _____	State _____	Zip Code _____	
Day phone: _____ () _____ - _____			
Evening phone: _____ () _____ - _____			
Email Address: _____			
Social Security Number _____ - _____ - _____			
Are you 18 years of age or older? Yes No If under 18, how old are you? _____ years _____ months			
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees: _____			
MILITARY SERVICE * Read carefully if you may be eligible for veteran's preference points. *			
Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.			
Military Status		Period of Service	
Enlisted, drafted or commissioned—active duty		August 27, 1940-July 25, 1947	
Enlisted or commissioned reserve or National Guard service		June 27, 1950-January 31, 1955	
-- active duty for training only		August 5, 1964-July 1, 1975	
Date Entered Active Duty: _____		Called to active duty in 1961 by Executive Order No. 10957	
Date Terminated Active Duty: _____		Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, or Southwest Asia Service Medal	
If you or your spouse has any disability traceable to war service		Date: _____	
Recognized and compensated as such by the United States		Location: _____	
Government or you are the unmarried spouse of a deceased Veteran and you wish to receive credit, then you must submit			
Documentary proof of the compensable disability with this application.			

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

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THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

EMPLOYMENT INFORMATION

Are you legally authorized to work for any employer within the United States? Yes No				
There may be a possibility of employment with other organizations. If so, may we refer your name? Yes No				
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):				
If you are PRESENTLY or were PREVIOUSLY employed by the City of Milwaukee, list the following: _____				
POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)	
If you have ever been convicted of an offense other than minor traffic violations, list details below. If you list convictions, provide your birthdate on page 9. Your birthdate will be used for conviction verification only. Use separate sheet if necessary:				
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.				

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

EDUCATION AND TRAINING

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? Yes No If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? Yes No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

Name and Location Of School	Dates Attended From Mo./Yr. To Mo./Yr.	Credits Earned	Major and Minor Fields of Study	Type of Degree Date Completed

Additional coursework, training programs, or professional seminars completed which may be relevant to this position or you have taken for certification relevant to this position. Do not list courses required for above degrees. Attach additional pages, if necessary.

Title	Sponsoring Organization/ Academic Institution	Credits	Dates Attended

List any certifications achieved which may be relevant to this position. For example, American Nursing Association (ANA Certifications)

Name of Certification	Expiration Date

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed see following page.

Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	Full time Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	Full time Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	Full time Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	Full time Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY - continued

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	Full time Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	Full time Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

If more space is needed, please make additional copies of this page or attach additional sheets.

BACHELOR'S DEGREE IN NURSING (BSN)

1. Do you have a Bachelor of Science Degree in Nursing (BSN) from a Commission on Collegiate Nursing Education (CCNE) accredited program? ____ Yes ____ No
2. If yes, please indicate: College or University: _____
Location: _____
Date Degree Earned: _____
3. If no, are you currently enrolled in a BSN program? ____ Yes ____ No
4. If yes to #3, please indicate: Year in School (Fr., Soph., Jr., or Sr.): _____
College or University: _____
Location: _____
Date Degree Expected: _____

NURSING LICENSE

1. Are you currently licensed as a Registered Nurse in the State of Wisconsin? ____ Yes ____ No
2. If yes, what is your license Number? _____
3. If no, please describe your current situation and when you expect to receive your license:

DRIVER'S LICENSE

1. Do you have a current valid State of Wisconsin driver's license: ____ Yes ____ No
2. If yes, what is your Driver's License number? _____
3. Do you have an automobile that you can use on the job? ____ Yes ____ No
4. Is this automobile properly insured? ____ Yes ____ No

Note: A valid Wisconsin driver's license and properly insured automobile are required for this position. If you answered "No" to any of the above questions, please explain below:

If more space is needed please make additional copies of this page or attach additional sheets.

EXPERIENCE

- A. List number months you have worked as a professional nurse in each of the following categories.

<u>Category of Professional Nursing</u>	<u>Months</u>
1. Public Health	_____
2. Community (specify type)	
Clinic	_____
Community organizations	_____
or _____	_____
3. Hospital (specify type)	
Obstetrics	_____
Pediatrics	_____
Psychiatric	_____
or _____	_____
4. Nursing Faculty (specify courses taught)	
_____	_____
_____	_____
5. Other (specify type)	
_____	_____
_____	_____

LANGUAGE SKILLS

Can you establish and maintain a conversation with a client who only speaks one of the following languages?

Spanish _____Yes _____No

Laotian _____Yes _____No

Hmong _____Yes _____No

Vietnamese _____Yes _____No

Russian _____Yes _____No

Other : _____ _____Yes _____No

If more space is needed, please make additional copies of this page or attach additional sheets.

Describe how your education and experience has prepared you to effectively perform the duties of a Public Health Nurse with the Milwaukee Health Department.

Please describe any clinical experience you have had in a public health agency. Include name of agency and length of experience.

Briefly describe any other training and experience you have had which would qualify you for the position—if you have not provided the information elsewhere on this form.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer
_____ A reader
_____ Extra time
_____ Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION FOR PUBLIC HEALTH NURSE

APPLICANT'S NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.

I am the unremarried spouse of a veteran who died of a service-connected disability.

I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

Enlisted, drafted or commissioned--active duty

Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? YES NO

Spouse's Period of Service

August 27, 1940 - July 25, 1947

June 27, 1950 - January 31, 1955

August 5, 1964 - July 1, 1975

Called to active duty in 1961 by Executive Order No. 10957

Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, or Southwest Asia Service Medal

Date: _____

Location: _____

City of Milwaukee
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____
LAST FIRST MIDDLE

2. Position Applied for: **Public Health Nurse**

Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)

- A. Milwaukee Journal Sentinel
- B. Other Newspaper (please specify) _____
- C. City Hall Posting
- D. Library Posting
- E. Community Agency Posting (please specify) _____
- F. College or University Posting (please specify) _____
- G. From a City Employee
- H. From Someone who is NOT a City Employee
- I. Job Hotline Number (414-286-5555)
- J. Received Job Interest Postcard in mail
- K. Job Fair/Career Talk (please specify) _____
- L. TV (please specify station) _____
- M. Radio (please specify station) _____
- N. Internet (please specify) _____
- O. OTHER (please specify) _____

3. Sex (please check one): MALE _____ FEMALE _____

4. Race (please check one):

Black/African American (not of Hispanic origin)
Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
White/Caucasian/European/North African/Middle Eastern
Native American Indian/Alaskan Native
Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

5. List any languages, other than English, which you speak FLUENTLY: _____

6. If you have listed offenses (see page 2), provide birthdate _____. Your birthdate will be used for conviction verification only.

7. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
I live in the _____ Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____